

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. _____

32611

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>3057</u>		Registrar's No. <u>68</u>	
1. PLACE OF DEATH a. COUNTY <u>Way</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>St Joseph Mo</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u>		c. LENGTH OF STAY (in this place) <u>few days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph</u>		OR TOWN <u>0119</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>530 East Lexington</u>				d. STREET ADDRESS <u>unknown</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>W. coker</u>		c. (Last) <u>LAWSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 8, 1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan 11-1889</u>	
9. AGE (in years last birthday) <u>63</u>		10. MONTHS <u>7</u>		11. DAYS <u>27</u>		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Dentist</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) <u>Nedrick Iowa</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>John Lawson</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Thelma Burnett Lawson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>D.C.W. Lawson</u> ADDRESS <u>Richmond Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardio-vascular - renal disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 mm</u> <u>± 10 yrs?</u> <u>± 10 yrs?</u> <u>± 10 yrs?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 7, 1952</u> to <u>Sept 8, 1952</u> , that I last saw the deceased alive on <u>Sept 8, 1952</u> , and that death occurred at <u>4:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D.H. Johnson</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Richmond Mo</u>		23c. DATE SIGNED <u>9/9/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>September 9, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph</u>		24d. LOCATION (City, town, or county) (State) <u>St Joseph Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 9-1952</u>		REGISTRAR'S SIGNATURE <u>Malul Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. F. Funeral Home</u> ADDRESS <u>Richmond Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 25 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Joseph B. Lile

Licensed Embalmer No. 4066

P. O. Address Richmond, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.